

Fluconazole in Visceral Leishmaniasis

B.B. Jha

After two peaks of epidemic of Kala Azar, one in 1977 with 100,000 cases(1) and another in 1991-92 with 250,000 cases(2), the disease continues to be endemic in North Bihar The first line drug sodium antimony shboglucanate (SAG) used in the dosage of 20 mg/kg body weight daily for 30 days(3) or 40 days(4) has become less effective and a number of patients are unresponsive to the drug(5) Oral Fluconazole has been used in Kala Azar(6,7) with limited success This communication evaluates the utility of oral Fluconazole in 20 children with Kala Azar.

Subject and Methods

Twenty parasitologically confirmed cases of Kala Azar in the age group of 5 to 15 years (15 males and 5 females) were treated with fluconazole in the dosage of 5 mg/kg body weight for 30 days The baseline investigations, and bone marrow aspiration was done and aspirates were stained with Giemsa for demonstration of LD bodies.

Results

The clinical features of the patients are given in *Table I* Ten (50%) patients were cured with 30 days treatment and did not relapse within 6 months of follow up Five (25%) patients did not response at the end of treatment In 5 patients there was some improvement in fever and size of the spleen regressed Two patients became par-

From the District Sadar Chris Specialist Hospital, Samastipur, Bihar 848 101

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TABLE I—Initial Clinical Features of 20 Kala Azar Patients

Clinical Features	No. (%) / Mean
1. Intermittent Fever	20 (100)
2. Mean duration of illness (days)	22
3. Mean splenic size (cm)	8.4
4. Mean body weight (kg)	23.8
5. Bone marrow examination positive for LD bodies	20 (100)
6. Mean WBC Count ($\times 10^9/L$)	4.3
7. Mean hemoglobin (g/dl)	5.8

asitologically negative but became positive after one month Thus initial parasitological cure was obtained in 12(60%) patients of which 2 subject became parasitologically positive after one month.

Discussion

Oral Fluconazole could cure 50% of patients in this study, and 25% of the patients had some clinical response Our results are in agreement with earlier reports(6,7) showing 50% response with Fluconazole but some of these apparently cured patients relapsed Fluconazole has several advantages over other azoles There is a good oral absorption, high cerebrospinal fluid and urinary concentration, minimal protein binding and few adverse reactions Its mode of action is similar to that of Amphotericin B Though the drug is not active against *Leishmania donovani* in *in vitro* studies, 50% response in this study calls for a randomized trial in higher doses

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